

13 FEB -1 AM 9:31

Office Use Only

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
 For An Authorized Committee

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines.

12FE4M5

FRIENDS OF DUANE SAND 2012

ADDRESS (number and street)

418 ROSSER AVE

SUITE 100

☐ Check if different than previously reported. (ACC)

BISMARCK

ND

58502

2. **FEC IDENTIFICATION NUMBER ▼**

C C00494948

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

ND

00

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)

☐ July 15 Quarterly Report (Q2)

☐ October 15 Quarterly Report (Q3)

☒ January 31 Year-End Report (YE)

☐ Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y Y Y

in the State of

(c) 30-Day **POST**-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y Y Y
 10 / 01 / 2012

through

M M / D D / Y Y Y Y Y Y
 12 / 31 / 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer SCOTT B MACKENZIE

Signature of Treasurer SCOTT B MACKENZIE

Date

M M / D D / Y Y Y Y Y Y
 01 / 30 / 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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FEC FORM 3
 (Revised 02/2003)